

HealthCare Dynamics, Inc.

1939-C Parker Court SW, Stone Mountain, GA 30087

PH: 770-817-0388 F: 770-817-0397



CREDIT APPLICATION:

The undersigned company is applying for credit with HealthCare Dynamics, Inc., and agrees to abide by the standard terms and conditions of HealthCare Dynamics, Inc.

Billing Address:	Shipping Address:
Legal Name: _____	Name: _____
DBA/Trade Name: _____	DBA/Trade Name: _____
Street: _____	Street: _____
City/State: _____ Zip: _____	City/State: _____ Zip: _____
A/P Contact: _____	Type of Business: _____
Telephone: _____	Amount of Credit Requested: _____
FAX: _____	App. Net Worth: _____
	Equipment Wanted: _____

Section 2: Type of Organization

Corporation? _____ State of Corporation: _____

Names and Titles of your three chief corporate Officers:

Name, address, and phone number of your resident agent:

Partnership? _____ Names and Addresses of Partners:

Sole Proprietorship?

Are you Sales Tax Exempt? _____ Tax Exempt #: _____

Have you ever had credit with us before? _____

If yes, under what name: _____

Authorized Purchasers: _____ PO# Required: _____

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TRADE REFERENCES

Reference 1: Company: _____
 Address: _____
 FAX: _____ Phone: _____ Act# _____

Reference 2: Company: _____
 Address: _____
 FAX: _____ Phone: _____ Act#: _____

Reference 3: Company: _____
 Address: _____
 FAX: _____ Phone: _____ Act#: _____

Bank References

Bank #1: Name of Bank: _____
 Address: _____ City/State: _____
 Phone: _____ FAX: _____ Loan Act#: _____
 Checking Account #: _____ Contact Person: _____

Bank #2: Name of Bank: _____
 Address: _____ City/State: _____
 Phone: _____ FAX: _____ Loan Act #: _____
 Checking Account #: _____ Contact Person: _____

I represent that the above information is true and is given to induce HealthCare Dynamics, Inc. to extend credit to the applicant. My company and I authorize HealthCare Dynamics, Inc. to utilize this information as it sees fit including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to HealthCare Dynamics, Inc. any and all information concerning the financial and credit history of myself and my company.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

General Terms and Conditions and Personal Guarantee:

1. Invoices are sent upon shipment of equipment ordered.
2. All invoices become payable in full upon receipt and if not paid by the agreed terms, are considered past due.
3. A service charge of 1.5% per month will be added to all amounts billed if not paid according to terms. We further agree to pay all costs of collection, including attorney fees incurred in connection with the collection or attempted collection of any and all past due invoices and any and all amounts due.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made by our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.